

Community Service Learning

Lake Placid Middle/High School

Student:	Current Grade:	Year of Graduation:
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INTRODUCTION: Community Service Learning Activity

Name the activity and organization:

PART I: School Approval

The Community Service Learning Supervisor approves the chosen activity:

Supervisor Signature: _____ Date: ____/____/____

PART II: Projection

What is it about this activity that made you interested to do it?

PART III: Action

Was the stated Community Service Learning activity completed?

YES _____ NO _____

If yes, how many hours did you contribute? _____

Did a parent or guardian participate in this activity?

YES _____ NO _____

If yes, how many hours? Parent/Guardian signature required.

Parent Guardian Signature: _____

Hours: _____

PART IV: Reflection

Explain what you have personally gained from this experience (how has it been meaningful to you):

Explain how the community or organization benefitted because of your contribution:

CONCLUSION: Verification Checklist

___ 1. Did you have the Activity Coordinator fill out the Verification Form?

___ 2. Have all the sections of this form been completed?

Check questions above and then sign below and submit to the Community Service Learning Supervisor.

Student Signature: _____ Date: ____/____/____

Verification Form

Lake Placid Middle/High School

This form is to be completed by the Event/Activity Coordinator of the organization where your school-approved community services contribution was made.

Name of Organization	Phone Number

Student Name	Time Contributed
	HRS: MINS:

Feedback
<p>Thank you for allowing the student to participate. If you would like to make additional comments, please do so here or email pmcconvey@lakeplacidcsd.net.</p>

Organization/Activity Coordinator's Signature	Date

Thank you,
Lake Placid Middle/High School